

Commonwealth of Virginia
Department of General Services
Division of Consolidated Laboratory Services
Richmond, Virginia

Distillation Variance Application

Variance requested by: [] Permittee [] Lab: _____ VELAP ID: _____
Name of person requesting variance: _____
E-mail: _____ Phone: _____
Permit Owner: _____ VPDES Permit #: _____
Permitted Outfall ID/Name: _____
Permitted Outfall Name/Location: _____
Permitted Outfall Contact Name/Email/Phone: _____
Permit Sample Requirement (grab, 8h comp, 24h comp, etc) _____ Permit Exp Date: _____
Analyte: _____ Analysis Method: _____ Matrix: _____
Permit Limit for Analyte: _____
Lab Name/VELAP ID where study was performed: _____

Sample Date/Time	Distilled, Matrix Spike Concentration; units: _____	Non-Distilled, Matrix Spike Concentration; units: _____	Calculated Relative Percent Difference (RPD)
_____ Matrix 1	_____	_____	_____
_____ Matrix 1	_____	_____	_____
_____ Matrix 2	_____	_____	_____
_____ Matrix 2	_____	_____	_____
_____ Matrix 3	_____	_____	_____
_____ Matrix 3	_____	_____	_____
_____ Matrix 4	_____	_____	_____
_____ Matrix 4	_____	_____	_____
_____ Matrix 5	_____	_____	_____
_____ Matrix 5	_____	_____	_____
_____ Matrix 6	_____	_____	_____
_____ Matrix 6	_____	_____	_____
_____ Matrix 7	_____	_____	_____
_____ Matrix 7	_____	_____	_____
_____ Matrix 8	_____	_____	_____
_____ Matrix 8	_____	_____	_____
_____ Matrix 9	_____	_____	_____
_____ Matrix 9	_____	_____	_____

VELAP REVIEW: ____ Acceptable for omission of distillation, based on current effluent characterization. The study must be repeated should effluent characterization change or potentially change.
____ Data presented does not meet 40 CFR 136.3 Table 1B footnote 6 criteria for omission of distillation.

Comments: _____

VELAP Management Signature/Date: _____

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Issuing Authority: Group Manager